

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Healthy Kids Dental

Common Questions and Answers

1) What is the difference between Healthy Kids and *Healthy Kids Dental*?

Healthy Kids is a Medicaid eligibility category for individuals up to age 19 and pregnant women. The Department of Human Services determines Medicaid eligibility and will determine the program category that the individual is in.

Healthy Kids Dental is the name of the contract that the Michigan Department of Community Health (MDCH) has with the Delta Dental Plan of Michigan to administer the Medicaid dental benefit for Medicaid eligible beneficiaries under the age of 21.

2) Who determines enrollment into *Healthy Kids Dental*?

Enrollment is determined by MDCH. Based on the eligibility information received from the Department of Human Services, MDCH will automatically determine enrollment. The file is transmitted only once a month. Beneficiaries do not choose enrollment, it is generated automatically by MDCH.

3) Why is *Healthy Kids Dental* only for beneficiaries under age 21?

Due to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) requirements that all medically necessary services shall be covered, dental services are a mandatory coverage. EPSDT coverage is up to age 21. For individuals age 21 and over, dental services are optional and are through the Fee-For-Service (FFS) program.

By targeting children, if preventive dental services and dental education are provided early enough, children may take care of their teeth and not need extensive restorative care as they reach adulthood.

4) Is enrollment into *Healthy Kids Dental* ever retroactive?

No, enrollment is not retroactive. MDCH's payment to Delta Dental is based on the active Medicaid eligible beneficiaries at the beginning of each month. Neither an enrollment nor payment record is generated for retroactive enrollment.

Depending on their eligibility determination by the Department of Human Services, beneficiaries may receive retroactive Medicaid. In that case, the beneficiaries will have Medicaid FFS for their dental benefits.

5) Are all Medicaid beneficiaries under age 21 automatically enrolled in *Healthy Kids Dental*?

No, there will always be some beneficiaries that are in the FFS program. Enrollment is always prospective and begins the first full month after Medicaid eligibility is determined. Depending on their eligibility determination and their scope/coverage category, there will always be beneficiaries on Medicaid FFS each month.

6) How can I verify enrollment of a Medicaid beneficiary?

Enrollment should be verified prior to each appointment for the Medicaid beneficiary. There are a number of ways that the dental office can verify enrollment. Dental offices can contact Delta Dental via their DASI system at 1-800-482-8915 or through their online system. In addition, the Department has an agreement with BCBSM and webDENIS has all Medicaid eligibility and enrollment information on their system, including dental enrollment. If you are also a Medicaid provider, Emdeon (formerly MEDIFAX) also will be able to verify enrollment of either FFS or ***Healthy Kids Dental***.

7) Why did *Healthy Kids Dental* only expand to 2 counties? Why not statewide?

The counties targeted for expansion for 2008 were established by the legislature and approved in the department budget for Fiscal Year 2008. The legislature had only approved enough funding for implementation in the two counties.

8) I participate with Delta Dental but am not within the 61 counties, can I be a participating provider in *Healthy Kids Dental*?

Yes, beneficiaries can receive treatment from any Michigan dentist who participates with the Delta Dental ***Healthy Kids Dental*** program, even if the dentist practices in a non-***Healthy Kids Dental*** county. Contact Delta Dental to confirm participation in the ***Healthy Kids Dental***/MIChild network.

9) I do not accept Medicaid beneficiaries in my office but I participate with Delta Dental, do I have to accept *Healthy Kids Dental* beneficiaries in my office?

If you are a provider that has signed an addendum to participate in the ***Healthy Kids Dental***/MIChild network, ***Healthy Kids Dental*** beneficiaries are part of that network. You cannot exclude them from your practice. Dentists that participate in the Premier network can opt-out of the ***Healthy Kids Dental*** program. Contact Delta Dental Customer Service for more information.

10) I accept Medicaid patients in my office but do not participate with Delta Dental, can I continue to treat my Medicaid patients?

If the beneficiaries are under age 21 and reside in the selected counties, you **must** participate with Delta Dental in order to continue to treat them. If beneficiaries are age 21 and over, and they are enrolled in the Medicaid FFS program you may continue to treat them.

11) Medicaid policy and Delta Dental policies are different for certain procedures? Whose policy shall I follow?

Since the beneficiaries are enrolled with Delta Dental, follow Delta Dental's policy on procedures. Delta Dental will administer ***Healthy Kids Dental*** covered services according to Delta Dental's standard policies and procedures. The services covered are the same as the Medicaid program but administered according to Delta Dental's policies.

12) How will I be reimbursed?

Delta Dental will reimburse dental providers based on the provider's charges or the ***Healthy Kids Dental*** fee schedule, whichever is lower. Delta Dental's reimbursement is considered payment in full. The provider cannot balance bill the beneficiary for the remainder.

13) Is there a co-payment for the beneficiary?

No, there is no co-payment for beneficiaries under age 21.

14) Is there an annual maximum like MIChild has?

No, there is no annual maximum.

15) If I treat *Healthy Kids Dental* beneficiaries but their parents are on Medicaid, do I have to treat their parents as well?

No, you do not have to treat the parents on Medicaid if you are treating their children. We would hope that you would consider treating the whole family in your practice. Treating the whole family will help them establish a dental home and increase the probability of the family's interest in their oral health care. There is a dental access problem for Medicaid beneficiaries and MDCH is trying to help alleviate the problem by attempting different solutions.

16) What about No-shows? Can I charge the beneficiaries for missing their appointments?

According to the Centers for Medicare and Medicaid Services (CMS), the agency responsible for federal oversight of the Medicaid program, beneficiaries cannot be charged for no-shows. Remember, many of these families face additional burdens and hardships. Communicating your office policy and educating the beneficiary on the importance of their dental appointment may help reduce missed appointments.

17) How long will *Healthy Kids Dental* last? Is this a permanent contract?

Currently, funds are appropriated through the end of the State's fiscal year. Plans to expand *Healthy Kids Dental* are upon funding availability.